



Acid Rain Program

Instructions for Allowance Account

Information Form (40 CFR 73.30 - 73.38)

The Acid Rain Program regulations require any person, company, or organization wishing to open a general Allowance Tracking System (ATS) account for the purpose of holding and transferring allowances to submit a completed Allowance Account Information form or provide the requested information in a similar format. You also may use this form to change the information previously submitted for a general account, such as the identity of the authorized account representative. In such cases, enter your allowance account identification number in the space provided at the top of the form. Affected units will automatically receive a unit account in the ATS, and should use the Certificate of Representation form to make any changes to unit account information.

Type or complete the form in black ink. If you need more space, photocopy the pertinent page. When you have completed the form, indicate the page order and total number of pages (e.g., 1 of 4, 2 of 4, etc.) in the spaces provided in the upper right hand corner of each page.

Remember, under 40 CFR 73.33 you must notify all persons who have an ownership interest with respect to the allowances held in an account of all Acid Rain Program submissions. EPA will accept subsequent submissions from the Authorized Account Representative (AAR) or, if one is designated, from the Alternate AAR.

If you need assistance, call the Acid Rain Hotline at 202-564-9620.

STEP 2 The owners may choose an alternate to act in lieu of the Authorized Account Representative.

STEP 3 EPA will use the address you enter here for all official correspondence concerning this account.

STEP 4 Identify all parties with an ownership interest in the allowances held in this account. All of these parties must be subject to a binding agreement authorizing the representation of the account by the authorized account representative, and, if applicable, the alternate authorized account representative, identified in Steps 1 and 2. If you (the authorized account representative) are the only person with an ownership interest in the allowances held in the account, list your name here.

STEP 6 Both the authorized account representative and the alternate (if any) must sign and date the certifications. If you are revising account information, only one signature is needed.

Submission Instructions

Submit this form to the following address:

U.S. ENVIRONMENTAL PROTECTION AGENCY
ACID RAIN PROGRAM (6204J)
ATTN: ALLOWANCE TRACKING SYSTEM
1200 PENNSYLVANIA AVENUE, NW
WASHINGTON, DC 20460

Paperwork Burden Estimate

The burden on the public for collecting and reporting of information under this request is estimated at 30 hours per response. Send comments regarding this collection of information, including suggestions for reducing the burden, to: Chief, Information Policy Branch (PM-223), U.S. Environmental Protection Agency, 401 M Street, SW, Washington, D.C. 20460; and to: Paperwork Reduction Project (OMB#2060-0258), Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503. **Do not send this form to these addresses; see the submission instructions above.**



Allowance Account Information

General Accounts Only

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For more information, see instructions and refer to 40 CFR 73.31.

This submission is: ☐ New (to open a new general account)

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☐ Revised (to revise information on an existing general account)

If you are opening a new allowance account, complete all steps in this form. If you are an authorized account representative (AAR) for another account in the allowance tracking system (ATS), please write in your AAR ID#. If this is a revised submission, enter your ATS account # and AAR ID# and complete only those steps covering the information you wish to change. You must complete Step 6 to authorize the change of information. Only the authorized account representative or alternate authorized account representative can authorize the change.

Allowance Tracking System Account #	Authorized Account Representative ID#
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STEP 1

Enter requested information
for the authorized account
representative

Name	
Firm (Optional)	
Phone Number	Fax Number

STEP 2 (Optional)

Enter requested information
for the alternate authorized
account representative

Name	
Firm (Optional)	
Phone Number	Fax Number

STEP 3

Enter the mailing address
for the account

Address

STEP 4

Enter the names of all
parties (persons or
companies) subject to the
binding agreement
authorizing your
representation of the
account

Name
Name
Name

**Submission
Information**

Mail to the following address:

**U.S. Environmental Protection Agency
Acid Rain Program (6204J)
Attention: Allowance Tracking System
1200 Pennsylvania Avenue, NW
Washington, D.C. 20460**